

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
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19				
20				
21				
22				
23				
24				
25				
26				
27				
28	1			
29		1		
30		1		
31	1			
32	1			
33	1			
34				
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36				
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41				
42				
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44				
45				
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47				
48				
49				
50				
TOTAL IND.	7			
TOTAL DEP.	21	↔	↔	↔
TOTAL CLAIMS	23			

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
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94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.		↔	↔	↔
TOTAL CLAIMS				